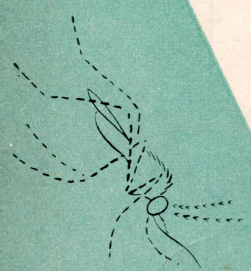
M. G. Wilcox

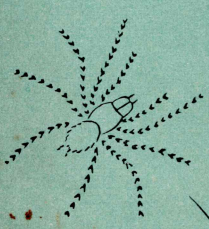
things you should know!

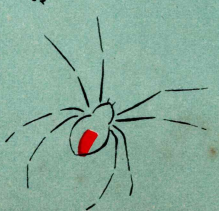
For your protection

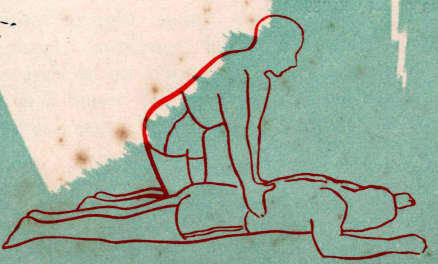
DEPARTMENT OF PUBLIC HEALTH
NEW SOUTH WALES

This booklet has been produced to provide information on how to deal with emergencies that arise in the home and outdoors. Study of this booklet will give the reader knowledge of how to apply first-aid remedies to common maladies and mishaps. The booklet should prove of particular value to holiday-makers.









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THE TREATMENT OF THE APPARENTLY DEAD

from Drowning, Suffocation, Lightning Stroke, or Electric Shock

a. DROWNING

Begin treatment immediately patient has been taken from the water.

(1) Loosen all clothing about neck, chest or waist and see that there is nothing in mouth or throat to obstruct the breathing.

(2) Carry out artificial respiration as follows:—

(*a*) Place the patient face downwards with his head turned to one side. (*See* illustrations.)

(*b*) Kneel beside patient between knee and hip facing his head. (*See* illustrations.)

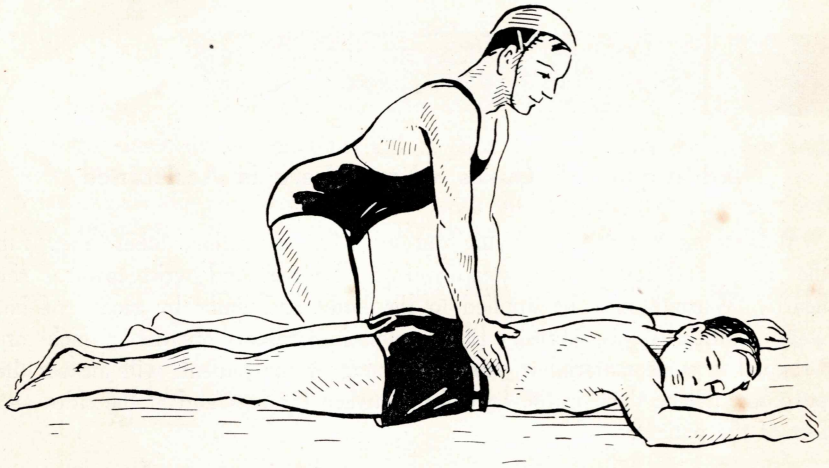


Fig. 1—EXPIRATION; PRESSURE ON.

(*c*) Place your hands flat over his lower ribs, one on each side, the thumbs parallel to each other and about 2 inches apart. Keeping your arms quite straight swing your body forward until the arms are vertical, applying firm, but not violent, pressure straight downwards on the patient's chest. (*See* Fig. 1.) By this means the air and water (if any) are driven out of the patient's lungs. This movement should occupy about 2 seconds.

(*d*) Then keeping your hands in position, swing your body back so as to relax the pressure. (*See* Fig. 2.) This movement allows air to enter the lungs and should occupy about 3 seconds.

(*e*) Repeat these movements twelve times per minute; that is, a forward movement occupying 2 seconds, and a backward movement 3 seconds should be carried out twelve times in each minute.

Carry on until natural breathing is restored or until a doctor pronounces life to be extinct.

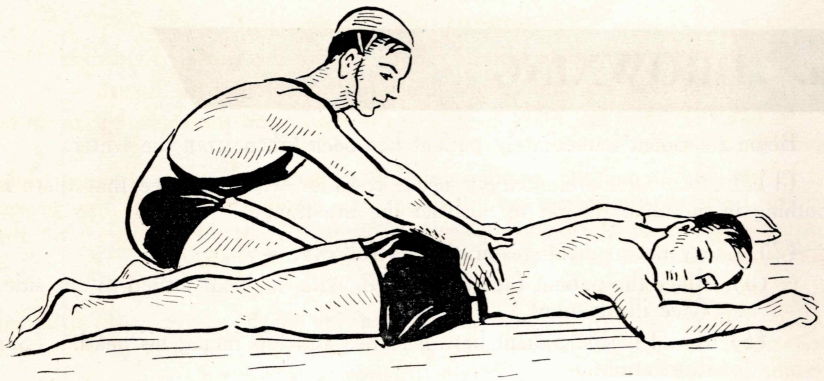


Fig. 2—INSPIRATION;
PRESSURE OFF.

Additional Measures where there is Assistance

Whilst one person is carrying out artificial respiration, others may rub the upper and lower limbs steadily from the feet and wrist towards the heart. Warmth may be applied to the body and limbs by means of hot water bottles, if available. Hot water in ordinary bottles, which are wrapped in some material to prevent burning of the patient, will answer the purpose. Place them in the arm pits, between the legs and at the sides and feet of the patient.

When Natural Breathing has been Restored

When natural breathing has been restored, place the patient on his right side. He may then be given small quantities of hot, strong tea or coffee. Remove wet clothing, wrap the patient in blankets and put him to bed as soon as possible.

b. SUFFOCATION

Anything which prevents a sufficient supply of fresh air reaching the lungs, or the breathing of poisonous gases, will produce suffocation—as for instance—

(*a*) Blockage of the air passage—strangulation, hanging, smothering, choking (*e.g.*, piece of meat or other object in throat).

(*b*) Inhalation of poisonous gases.—Coal gas (used for ordinary household purposes), producer gas, smoke, fumes from an open charcoal or coke fire, &c.

Treatment of Suffocation

The first and immediate necessity is to remove the cause, if possible.

In *strangulation*, cut and remove the band constricting the throat.

In *hanging*, raise the body to relieve the tension on the rope, cut the rope and free the neck.

In *choking*—open the mouth—forcibly if necessary—pass a finger right to the back of the throat, and dislodge the foreign body. If this proves unsuccessful, strike the back suddenly between the shoulder blades with the open hand, in order to aid the expulsion of the obstruction.

In *suffocation* by gases or smoke, remove patient into the fresh air.

As soon as the obstruction is removed in any of the above cases, artificial respiration should be carried out without delay if the patient does not resume normal breathing.

c. ELECTRIC SHOCK

Electric shock usually does not kill at once, but may stun the victim and stop his breathing.

First release the patient from contact with the current, taking precautions against receiving a shock yourself. Every second is precious. Delay may be fatal.

(*a*) Where possible, switch off the current and then pull the patient clear.

(*b*) If current cannot be switched off, pull the patient away with a loop of *dry* cloth or rope, or a piece or *dry* wood, or a *dry* coat held by the sleeves. Remember that the patient is electrified until released.

After release from contact:

(*a*) If no sign of breathing is observed, immediately begin artificial respiration as in the case of drowning. Continue this, if necessary, for some hours. Life has been restored after many hours' artificial breathing.

(*b*) Send immediately for a doctor. Do not leave the patient.

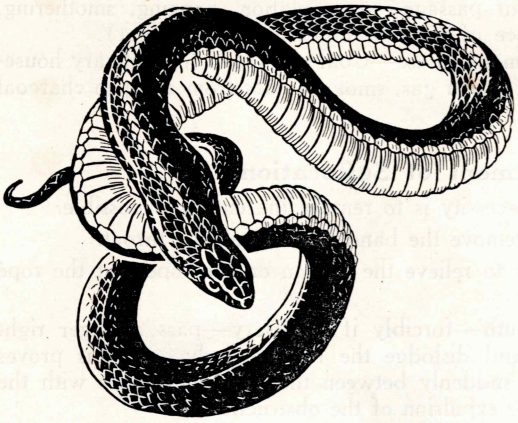
(*c*) Keep the patient warm, but avoid burning with hot bottles.

(*d*) If patient shows signs of recovering, do not let him sit up. Keep him lying down until the doctor comes.

(*e*) Do not give any liquid or stimulant except as ordered by the doctor.

(*f*) Cover burns with a loose bandage. Do not apply oil or grease.

SNAKE BITE



Australia has many venomous snakes. Five genera are especially dangerous and every one should learn to identify these snakes, and to recognise the nature of a venomous bite. The most dangerous snakes are:—

1. The Death Adder (sometimes called Deaf Adder).
2. The Tiger Snake.
3. The Brown Snake.
4. The Black Snake.
5. The Copper Head or Superb Snake.

What the bite looks like:

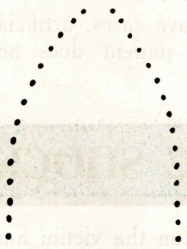


Fig. 1.

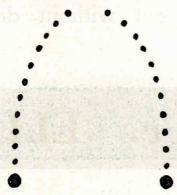
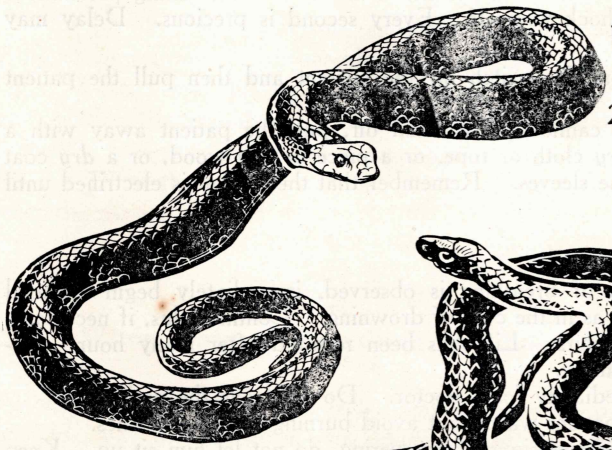
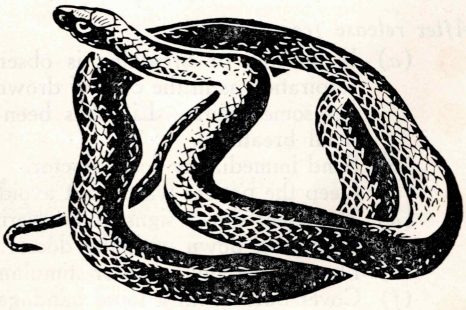


Fig. 2.

Fig. 3.



1. Bite of non-venomous snake. No poison fangs.
2. Bite of slightly venomous snake. Fangs are at back of jaw.



3. Bite of venomous front-fanged snake. There may be no puncture behind the fang marks.

HOW TO APPLY LIGATURES

1. (*a*) If the bite is on a limb: Immediately apply a ligature between the bite and the heart, placing it around the limb *above the knee or elbow*. Tighten the ligature quickly by inserting a stick through it as shown in Fig. 1, and twisting this round firmly, so as to stop the circulation of blood in the limb. (This may be painful, but it is absolutely necessary.) Secure the stick to prevent the ligature unwinding. Act quickly, as the venom may spread rapidly. A second ligature may be applied just above the bite. In the case of a finger or toe being bitten, the ligature may be placed around the base, as shown in Figs. 2 and 3.

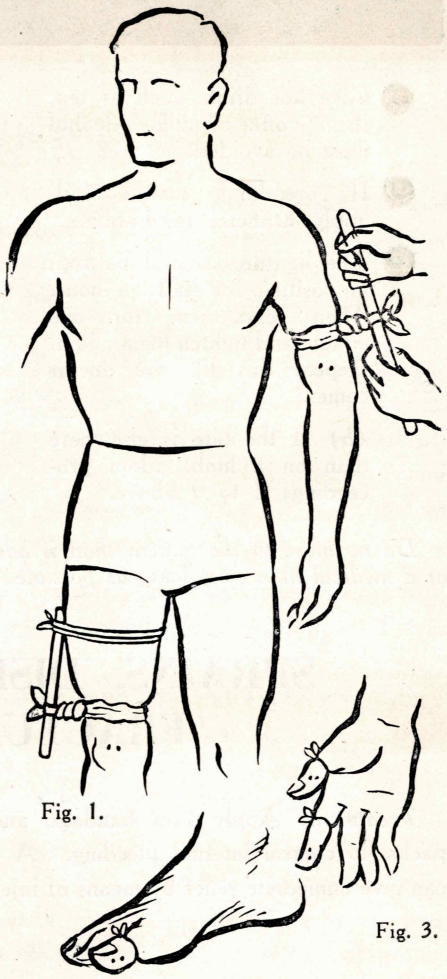


Fig. 1.

Fig. 3.

Fig. 2.

2. Having applied the ligatures, wash the bite—for preference using a weak solution of Condy's crystals (permanganate of potash)—in order to remove any venom from the surface of the skin.

3. Pinch up the skin (Fig. 4) and cut out the bitten part. If this is difficult, make several cuts over the bite and encourage bleeding to wash out the venom.

4. Rub Condy's crystals into the wound.

5. Send for a doctor as soon as possible; inform him of the species of snake, if known.

6. Reassure the patient with encouraging words, as his alarm will aggravate the condition of shock. Most snake-bitten persons in Australia recover.

7. Keep the patient absolutely at rest. Do not walk him about.

HOW TO APPLY LIGATURES

8 Give hot drinks such as tea, strong coffee or milk. Alcohol must be avoided.

9 If breathing should fail, apply artificial respiration.

10 The ligatures should be kept in position for half an hour. Then relax them for one minute and tighten them again. Repeat this till the doctor comes.

(*b*) If the bite is elsewhere than on a limb, adopt proceedings 2 to 9 above.

Fig. 4.

Do no more to the patient than is advised above, but obtain the services of a medical man as quickly as possible.

SPRAINS, DISLOCATIONS, FRACTURES

Treatment: Apply firm bandage and ice-packs, to control internal bleeding. A doctor can give immediate relief by means of injections.

DISLOCATIONS

When bones are forced out of proper place the accident often causes a tear or stretch of ligaments. The end of a displaced bone may be felt to be in an improper position. Send at once for a doctor. Apply cold compresses. Completely rest the limb. Use a sling if an arm or shoulder, and a pillow if a leg.

FRACTURES

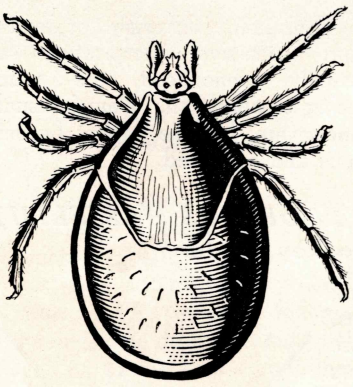
Do not try to manipulate limb. Place in a light splint and keep at complete rest until doctor or ambulance arrives. The patient should not be moved in any way, as this may cause the broken bone to pierce the flesh, which may become infected with germs. To relieve pain, give aspirin.

Bites or Stings from Ticks, Spiders, Scorpions, Sandflies, Mosquitoes, Bees, and other insects

TICKS

Although several varieties of ticks are found in New South Wales, the only one known to be dangerous to man is the bush-tick (*Ixodes holocyclus*), sometimes called the dog-tick. The bite of the mature female tick may cause dangerous paralysis and death, not only in dogs or other animals, but in human beings, especially children.

The tick is found in a narrow area along the coast, and is carried by native animals, particularly bandicoots. It shelters in scrub, greenery or even flowers, from which it crawls or drops and attaches itself to its victim, sucking blood for a variable number of days before releasing itself.



In appearance the mature tick is a small flattened oval creature about $\frac{1}{4}$ inch or less in length, yellowy grey in colour, having eight legs and a tiny saw-toothed beak. When feeding, it buries its head in the skin of its victim, only the swollen body remaining visible.

Symptoms of tick paralysis: The bite usually causes itching at first, but this may not be very noticeable. In a day or two the patient feels weak and sick, while limpness and paralysis of various muscles, especially the legs, may develop. Swallowing may become difficult. In severe cases, the patient breathes with difficulty, and the pulse becomes feeble and rapid. Death may occur suddenly, from the fifth day onwards.

Treatment: First, remove the tick without delay, searching the body thoroughly in case more than one tick is present.

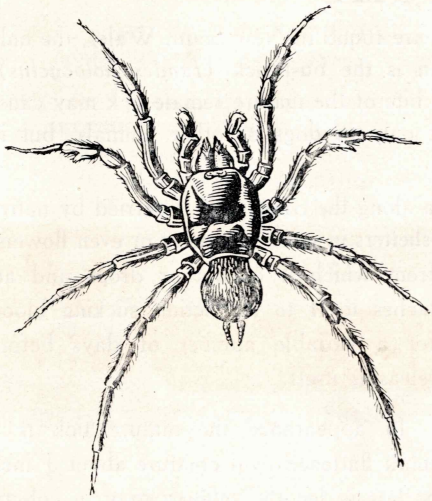
The tick may be killed by dropping turpentine, kerosene or ether on it. It may be snipped off close to the skin with fine scissors, the head being removed with forceps. Merely pulling on the tick may cause the head to break off and remain in the skin.

If symptoms persist, call a doctor. It may be necessary to give a special serum, and to admit the patient to hospital.

SPIDERS

THE SYDNEY FUNNEL-WEB SPIDER *(ATRAX ROBUSTUS)*

This is a large, reddish-brown spider, which does *not* construct a lid to its burrow, but spins a funnel-shaped web of silk. The term " trap-door " spider is used erroneously to describe this spider. None of the lid-building spiders has yet been proved dangerous to man.



The funnel-web spider builds its web in natural crevices, such as the side of fence-posts, under logs, stones, and in rotten tree stumps. It is found mainly in the coastal district north of Port Jackson.

A similar type of funnel-web spider has been found on the Richmond River, but seems to be a rare species.

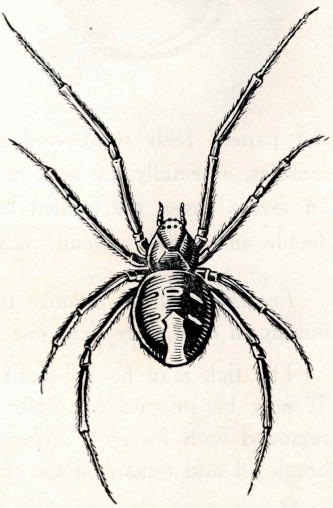
Effects of the "Funnel-Web" Spider's Bite

Delirium, shivering, salivation and excessive perspiration are usually pronounced, the patient being obviously ill. Pain is usually not severe, but the patient becomes blue and collapsed.

THE RED BACK SPIDER *(LATRODECTUS HASSELTII)*

Syn. " Red-spot," " Jockey Spider "

It is found throughout Australia, building its web in dark corners, in old empty tins, watering cans, flower pots, or amongst loose rubbish. It is also found in rock shelters and under lavatory seats.



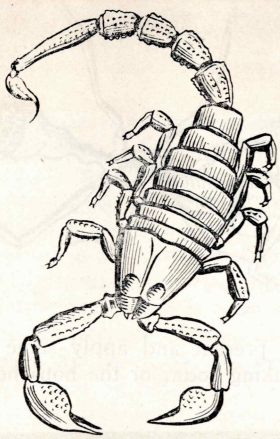
Effects of the "Red Back" Spider's Bite

Pain is the most common symptom, followed by hardening of the abdominal muscles, perspiration, restlessness, twitching and vomiting. The patient becomes blue and collapsed.

Treatment of Bite:

1. If on an extremity, treat as for snake bite. Put on a tourniquet, incise or excise the wound and rub in Condy's crystals (permanganate of potash).
2. Send for your doctor. He can give special treatment.
3. Give plenty of fluid to drink.

SCORPIONS

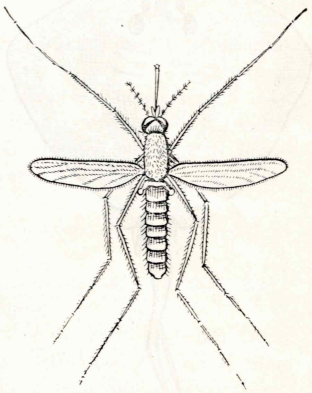


Several species of scorpions occur in Australia which may cause severe poisonous stings. A painful swelling may arise around the part bitten, in some cases going on to abscess formation. With the larger tropical species the pain and swelling are more severe and there may be serious general symptoms.

Treatment

The same as in spider bite.

SANDFLIES and MOSQUITOES

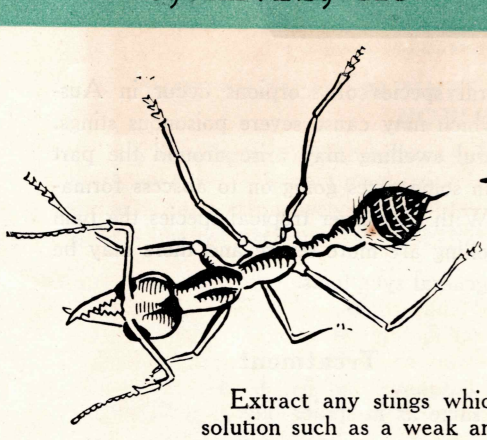


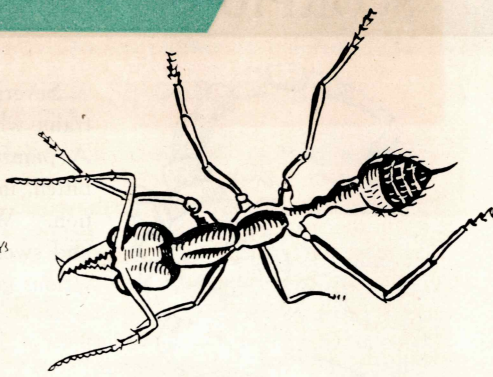
Where it is impossible to protect oneself against the bites of these insects by means of nets, sprays, etc., a repellent will be found helpful, if applied to the skin. The best available repellent is dimethyl phthalate, which is obtainable from chemists, etc. It was used successfully by the Army in the War. This repellent lotion is applied by shaking some drops (at most half a teaspoonful) on to the hands and smearing it carefully over all exposed parts of the face, neck, hands and arms. Re-apply at the end of two hours unless the mosquitoes are very abundant and fierce, when the lotion may be needed more frequently. Avoid getting this lotion into the eyes, on the lips, or on other sensitive areas, as intense irritation can be set up thereby. Dimethyl phthalate will dissolve plastics and so affect spectacle frames, fountain pens, watch bands, etc., if they are made of plastics. It is also available made up as a cream. In this form the repellent effect lasts longer.

Dimethyl phthalate has superior repellent qualities to older remedies such as oil of citronella, etc.

Scratching the bites of these insects may lead to sores. Don't scratch, but apply either cold cream, baking soda solution, ammonia solution (cloudy ammonia), eau de cologne or tincture of iodine. An application of one of these will allay the irritation following their bites.

BEES, ANTS, &c.

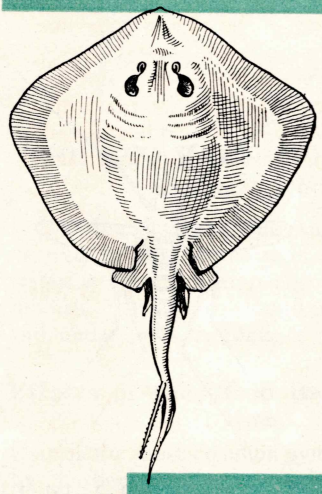




Extract any stings which may be present and apply some alkaline solution such as a weak ammonia, baking soda, or the household blue-bag.

WOUNDS (STINGS)

from Fish Spines (Catfish, Stingrays, &c.)



Encourage bleeding by keeping the injured part hanging down and by soaking it in tepid water. The wound may be sucked by the mouth freely. This sucking can be done without any danger.

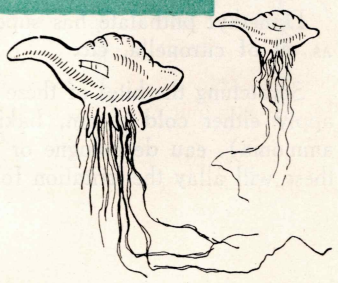
Condy's fluid or some alkaline solution, such as weak ammonia or baking soda or the household blue-bag should be well rubbed into the wound. If pain is persistent, hot foments should be applied to the injured part.

Strong coffee or tea, or a little spirit and water may be given if the patient be faint. Should serious symptoms arise, attention by a medical man should be obtained as soon as possible.

STINGS FROM "BLUBBERS" (Jelly Fish), "BLUE-BOTTLES" (Portuguese Man-of-War), SEA-SQUIRTS, &c.

Treatment

At once rub the affected part with a handful of wet sand, then apply a weak solution of ammonia or the household blue-bag. Make the patient comfortable and give hot drinks.



SUNSTROKE

Heatstroke, or Heat Apoplexy

Prevention

Sunstroke, heatstroke, heat-apoplexy, &c., means the effect of excessive heat or other radiation (not necessarily the direct action of the sun's rays), *e.g.*, in the stokehold of a ship. It may thus occur at night as well as by day. It is most likely to affect intemperate persons, and those not in normal health or who are over-fatigued.

During hot weather everything which tends to lower the general health, such as insufficient rest, dissipation, great bodily or mental fatigue, &c., should be avoided. It is unwise to expose the uncovered head, neck, or back to the direct rays of the sun. Within buildings, the freest possible circulation of air should be allowed. Overcrowding should be avoided. Open-work screens, or blinds kept wet, may be used for cooling the air entering the building. It is very necessary to observe the strictest moderation in the use of alcohol in any form (wine, beer, spirits, &c.) Pure fruit drinks containing a little sugar should be taken freely. Light diet with fruits and vegetables is advisable. Very little meat should be eaten.

Symptoms and Treatment

When sunstroke, heatstroke, or heat-apoplexy is threatening, some of the following symptoms are usually met with:—

A general feeling of being weak and ill, restlessness, sleeplessness, giddiness, nausea, loss of appetite, and hurried breathing. The skin is sometimes pale, moist and cold, but it may be hot and dry.

When such symptoms are present, all exertion must be at once stopped. The patient should lie down quietly in the shade, in the coolest place that can be found, with plenty of fresh air. All tight and heavy clothing should be removed, and the patient clad in light loose garments. Cold water may be applied to the face and body, but must not be long continued. Moistening the forehead, fanning the face, and the use of smelling-salts are beneficial. A brisk purgative may be given, if the bowels have not been regularly and well opened.

When sunstroke, heatstroke, or heat-apoplexy has occurred the patient may be in one of two conditions:—

1. The patient may have become suddenly unconscious, and may have a pale, moist skin, and disturbed breathing.
2. Or he may have high fever—when the skin is very hot, the face, head, and neck are flushed, breathing is disturbed; the mind may wander; there may be convulsions, or a condition like a dead sleep, from which the patient cannot be aroused.

In both the above cases, place the patient in the shade. Let him lie on his back, but, if possible, not on the ground. Remove his clothing and let a stream of cold water fall on the head and neck. A large enema or a brisk purgative (such as half an ounce of Epsom salts or two tablespoonfuls of castor oil) should be given, or if the patient cannot swallow, 5 grains of calomel should be placed at the back of the tongue.

When there is fever—when the skin is very hot—apply ice or cold water, or cold wet cloths to the patient's body (wrap him in a cold wet sheet, kept moist). Cool him by these means, but take care that he does not become chilled.

In all cases, procure medical aid as soon as possible. Until the doctor comes, do nothing beyond what is recommended above.

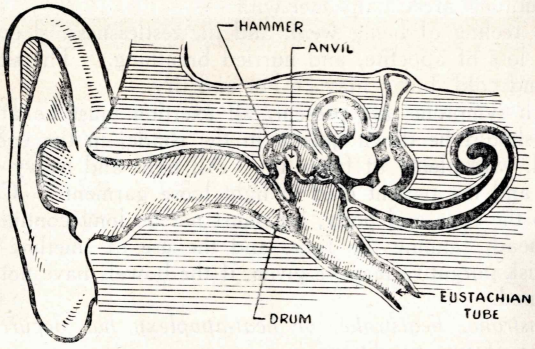
EARACHE

Deafness and Ear Disease

Earache is such a frequent complaint in children that parents are apt to look upon it as one of the unpleasant but trivial incidents of childhood. It may be trivial; or it may be the first sign of a very serious disease, perhaps endangering the life of the child, and causing deafness, permanent and progressive, should he survive.

A transitory earache may accompany teething, or it may be due to a decayed tooth, or more frequently to a temporary blocking during the course of a "cold," of the passage leading from the throat to the ear. (This passage is known as the " Eustachian tube " and the part of the ear immediately behind the drum is called the " middle ear ".)

Earache is, however, the danger sign of Middle Ear Disease (*Otitis Media*). This is caused by an infection (*i.e.*, invasion of germs) which usually reaches the middle ear by way of the Eustachian tube. It arises as a



complication of a common cold, influenze, diphtheria, scarlet fever, etc., or the infection may come from septic tonsils or adenoids. The middle ear becomes acutely inflamed and painful, hearing is interfered with and the child becomes feverish. The onset of the pain is frequently sudden, and an infant may indicate the seat of the trouble by pulling at his ear and giving a sharp cry. The pain may persist for some days with or without remission, and the disease may take one of three courses—

1. the inflammation may subside;
2. pus (" matter ") may form in the middle ear and eventually burst through the drum, with immediate relief of the symptoms;
3. pus may form and invade the spongy bone behind the ear (the " mastoid process ") giving rise to a most serious condition, requiring urgent surgical treatment in order to save life.

Recurrent attacks of *otitis media* are certain to lead to life-long and ever increasing deafness. Recurrence is likely if infected tonsils or adenoids are present. The discharge of pus may clear up in a few days, but tends to become chronic if the condition is neglected.

TREATMENT OF EARACHE

APPLICATION OF HEAT

At first the application of heat to the ear may be tried. Pieces of flannel warmed in an oven or by a fire, hot fomentations, a partly filled hot water bag are means of applying heat.

A drop or two of glycerine warmed in a teaspoon over a flame may be placed in the ear. (Care must be taken not to have it too hot.) Carbolized glycerine ($\frac{1}{2}$ normal strength) is more effective in relieving pain.

If the pain does not subside within two or three hours, a doctor's advice should be sought. It is sometimes advisable to make a small incision into the eardrum to let the pus escape. There is no risk in this operation and it may prevent the development of a much more dangerous condition.

To Prevent Ear Disease, Deafness, Earache

1. Attend to any unhealthy condition in the nose or throat; chronic nasal discharge, enlarged tonsils or adenoids, susceptibility to colds and influenza are indications to have a child medically examined.

2. Avoid, as far as possible, exposure to colds, influenza and the infectious diseases. Keep a child in bed during the acute stage of these complaints. Improve his resistance to infection by good food, fresh air, etc.

3. Do not use a nasal douche except under a doctor's directions.

4. Do not attempt to remove wax from the external ear passage by means of a match, hairpin or other implement. Wax is a frequent cause of deafness and should be removed only by syringing the ear. This should be done by a doctor or a trained nurse.

5. Never "box" a child's ears—it is easy to permanently damage the ear in this way.

6. If earache occurs, do not regard it as trivial, but consult a doctor who will look for and treat the cause.

7. Never neglect a discharging ear.

OPHTHALMIA
(SANDY BLIGHT)

A.—NATURE OF THE DISEASE

1 Ophthalmia (or sandy blight) is a serious contagious disease of the eyes. It often causes permanent impairment of the sight, sometimes destroys it altogether, and at least affects vision as long as it continues.

2 *The disease is communicable.*—It commonly attacks children; but persons of all ages are liable to infection, especially those who are not properly nourished or who sleep in badly-ventilated or overcrowded bedrooms.

3 *How the infection is spread.*—The infection is contained in the discharge from a diseased eye. It is conveyed from one child or person to another by flies, towels, soap or any article used in common. General ill-health, insufficient or improper food, and uncleanliness of clothes and body predispose to the disease.

B.—TO PREVENT THE SPREAD OF INFECTION

4 *Exclusion from school attendance.*—A child with discharging eyes should not be allowed to attend school. Children who have irritable eyes, or the remains of the acute disease, are also infective. During the whole of the time they are at school they should be obliged to wear a net, such as is commonly used to keep flies away from the face. The net will interfere somewhat with vision, but the object, which is to prevent the carriage of the infection by flies to the eyes of the healthy, is so important that this must be insisted upon. Children should wear the net at all times, after as well as during school. Healthy children should also wear these nets during the hot months as a protection against infection from flies.

5 *Use of towels, soap, &c., in common.*—Children suffering from sandy blight should not be allowed to use the same towel, soap, wash-basin or any other article or utensils in common with other children. Towels and soap for common use should be excluded from schools in all districts where blight is prevalent.

6 *Dressings and utensils used in treatment.*—Scrupulous care should be taken to prevent the accidental transmission of the disease. Immediately after use burn any cotton-wool or dressings used in the treatment of the eyes; thoroughly scald with boiling water, or preferably boil any dish or other utensil which may have come in contact with the discharges. Careful washing of hands before and after treating the eyes is very necessary.

C.—TREATMENT OF THE DISEASE

The following instructions are not intended to take the place of medical advice, which should always be sought, but to assist in places where such advice is not readily procurable. The treatment given will depend upon whether the case is (1) acute or (2) chronic.

(1) Acute cases, that is those with considerable discharge, should be treated with one of the following lotions:—

Lotion A.—Bisulphate of quinine (the soluble sulphate) 15 grains; and powdered boracic acid 50 grains; thoroughly dissolved in 20 oz. (1 pint) of boiled rain-water. Strain the resulting solution through a piece of clean (boiled) linen.

Lotion B.—Sulphate of zinc 30 grains, and powdered boracic acid 100 grains; thoroughly dissolved in 20 oz. (1 pint) of boiled rain-water. Strain the resulting solution through a piece of clean (boiled) linen.

Use perfectly clean bottles, and keep them carefully corked.

Directions for Use

Gently separate the eye-lids (open the eye) with forefinger and thumb of left hand, and wash all discharge out of the eye with a stream of tepid water. Then allow a little of the lotion to flow right into the eye, preferably from an eye-dropper, taking care that it gets well inside the lids. This should be done at least three times a day.

NOTE.—If the solution be dropped on to the coloured part of the eye (the iris) it will cause more inconvenience than if run in from one corner on the white part of the eye.

Usually these lotions are found in practice to be equally efficacious; yet cases are occasionally met with which do better with one than with the other. Therefore, if no improvement takes place in the affected eye after using one lotion for some time, the other lotion should be tried.

(2) For cases in which there is inflammation of the eyes, but little or no discharge (chronic cases), the following ointment should be used:—

Unguentum hydrargyri nitratis, 1 part; oil of wintergreen (gaultheriæ) 1 part; lanoline, white vaseline, of each 5 parts.

How to Apply Ointment

A piece the size of a split pea should be placed, by means of a clean camel-hair brush, on the inner side of the lower eyelid once a day, preferably at bed-time.

General Rules

If the lids stick together at night-time a very small quantity of boracic ointment or vaseline should be smeared along the margin of the lower lid immediately before going to bed.

The sore eye should not be bandaged or poulticed except under instructions from a medical man.

Children should be warned against rubbing the eyes with the hands, as this is more likely to increase than to relieve the irritation.

POISONS AND POISONING

The danger of accidental poisoning is a very real one in every home, especially where there are children, unless suitable precautionary measures are taken. Many tragic deaths from this cause are due to carelessness, and therefore could have been prevented. In every house are kept chemicals which are poisonous, and medicines in liquid, pill or tablet form which may be dangerous, even fatal, if an overdose is swallowed.

To Prevent these Accidents

1. Keep poisons used for housekeeping purposes (*e.g.*, caustic soda, carbolic acid, phenyl, rat poison, furniture polish, etc.) well out of reach of children.

2. Destroy all boxes, tins or bottles, the contents of which are not positively known. Unused medicine prescribed by a doctor should never be stored for future use. What has been ordered for one person may be harmful, even dangerous, to another.

3. See that all chemicals and drugs are clearly labelled.

4. Do not store poisons in a medicine cupboard with harmless remedies.

   Persons have died as the result of taking poison in mistake for Epsom Salts.

5. Never leave poisonous solutions in drinking glasses. Children and even adults have been poisoned in this way.

6. Instruct young children in the danger of tasting or eating anything unless it has been given to them to eat.

KEEP POISONS

IF POISONING HAS OCCURRED

(1) Ascertain, if possible, what drug or chemical has been taken.

(2) *Send for a doctor.* Tell him what poison has been taken, if known.

(3) Keep any bottle, tin or box that might have contained the poison.

(4) If vomiting has occurred, keep the material that has been vomited.

(5) If the patient is conscious and has not vomited, give him an emetic (a substance that causes vomiting). Two teaspoonfuls of either mustard or common salt in a cupful of lukewarm water will, if swallowed, have this effect.

(Do not give an emetic, however, if the patient's lips and mouth have been burnt by a corrosive poison.)

(6) Give an antidote (*i.e.*, a substance that neutralises a poison).

If the nature of the poison is not known give white of eggs, milk or strong tea.

ANTIDOTES

Antidotes for acids (*e.g.*, sulphuric, hydrochloric ("spirits of salts"), etc.)—Soap solution, baking soda in water, or lime (whiting) in water. (No emetic.)

For carbolic acid (lysol, etc.)—Epsom salts in water, soapsuds, or white of eggs. (No emetic.)

For caustic soda, lye, caustic potash.—Vinegar, or lemon juice followed by an oil. (No emetic.)

For corrosive sublimate (perchloride of mercury)—White of eggs with milk, as much as the patient will swallow.

For phosphorus (in rat poison, heads of wax matches)—Epsom or Glauber salts: never give oil.

For strychnine.—Dissolve $\frac{1}{4}$ of a teaspoonful of Condy's crystals in a quart of warm water. Give a glassful of this solution at frequent intervals.

For arsenic (*e.g.*, Paris green, plant sprays, weed-killers, vermin killers, Daisy fly killer, rat paste)—Emetic and copious draughts of water to wash out the stomach thoroughly.

For opium (laudanum, paregoric and morphia)—Condy's fluid as above. Strong coffee. Keep the patient awake by every means possible.

BURNS AND SCALDS

In New South Wales during 1947 (latest figures available), fifty-nine (59) people died of burns accidentally received. Of these twenty-four (24) were children under five years of age. The most vulnerable group is, therefore, young children and babies who need special care. Many other persons suffered great pain and spent weeks or months in hospitals, and some were disfigured for life.

Most (if not all) of these accidents were due to someone's carelessness.

To Protect Yourself and Your Family from Burns and Scalds

1. Keep matches beyond the reach of young children.
2. Keep kettles and pans of hot liquids at the back of the stove.
3. Keep petrol and kerosene out of easy reach. See that petrol in cans or bottles for household use is plainly labelled.
4. Pouring kerosene on a fire is a dangerous practice. If petrol is used, by mistake, the result is likely to be disastrous.
5. Clean clothes with petrol out of doors; never in a room with a naked flame (oil lamp, gas or fuel stove, open fire).
6. Keep open fires protected by wire screens.
7. If oil or petrol lamps are used, place them where they cannot be pulled over by young children.
8. Fill lamps and oil stoves in daylight.
9. Teach young children the danger of playing with fire and with matches.
10. Remember that celluloid articles are extremely inflammable.

TREATMENT OF BURNS AND SCALDS

1. *Carefully remove any clothing* over the injured part unless firmly adherent to the skin.
2. *Place the injured part in water.* Cold water is best unless a large area is involved, in which case the water should be at body temperature. Care must be taken, however, to keep the water at body temperature. Baking soda may be added to the water (1 tablespoonful to a gallon). A child, if extensively burned or scalded, may be placed in a warm bed until dressings have been prepared, or while awaiting the doctor's arrival.
3. *Dress the injured parts* by applying strips of linen or calico soaked in
   (*a*) a solution of baking soda in water that has been boiled and allowed to cool (one dessertspoonful of soda to a pint of water); or in

(*b*) warm strong tea made by boiling a handful of tea in a kettle of water for a few minutes.

The strips may be boiled in the water with the tea, lifted out and allowed to drip until sufficiently cool, and then applied. They should then be covered with cotton wool.

4. *Keep the patient quiet and warm.* Give warm drinks and wrap him up in blankets.
5. *Do not use carron oil*, vaseline, butter, or any other oil or fat on a dressing for burns.
6. *Do not open blisters.* (A doctor may do so later, however.)

Remember that a burn or scald if extensive is *always* to be regarded as serious and a doctor called at once.

FOOD POISONING

Contaminated food is not always easy to detect by taste, smell or appearance. Here are some general rules:—

(1) Avoid blown tins or any canned food which when opened does not taste or smell right.

(2) When eating cold foods or stew from left-over meals, be sure that food has been stored in a cool place protected from flies and rats.

(3) Hands and all cooking utensils must be thoroughly clean. Usual symptoms of food poisoning are vomiting, abdominal pains, diarrhoea, muscular pain and prostration. Usually a number of people are affected at same time.

The patient should be kept warm, and given fluids only for 24 hours. Dose with 1 to 2 tablespoonfuls of castor oil. To allay pain, give a bismuth preparation in half an hour.

CUTS

CUTS FROM OYSTER SHELLS, ROCKS, ETC.

These cuts can easily become septic. They should be thoroughly cleansed and an antiseptic applied, then bandaged.

HAEMORRHAGE OR BLEEDING

BLEEDING FROM VEINS OR ARTERIES

Stop bleeding by pressing a pad of sterile gauze over wound and elevating the part. The patient should lie down. If bleeding cannot be stopped in this way, apply a tourniquet. Haemorrhage from a main artery can be stopped by pressing with the fingers and forcing it against bone until a pad can replace the fingers and a tourniquet is applied. The tourniquet should be loosened every 30 minutes. Don't give stimulants; they tend to make the heart beat faster and increase haemorrhage.

BLEEDING FROM NOSE

Patient should be placed in a semi-recumbent position, head slightly elevated. He should remain quiet. Apply ice-packs or cold compresses to nose and back of neck.

SORE THROAT AND COLDS

Sore throats and colds should be treated as soon as possible. *Treatment:* 20% argyrol—2 or 3 drops on a teaspoon at back of throat—may effect a speedy cure. A crushed tablet of aspirin in half a glass of water, used as a gargle, is also useful.

With the first appearance of a cold, a useful tip is to use 25 drops of Liquor Ammoniae dilutus (B.P.) in half a tumbler of water, as a gargle, every two hours.

TETANUS

The tetanus germ is generally introduced into the body by a flesh wound. Symptoms are varied, but the most general is a stiffness of neck and lower jaw. Later on, spasms of other parts of body develop. Tetanus is often fatal.

Treatment: When a person has received a lacerated wound, soiled by street dirt, or a punctured wound for an implement which may have been in manured soil, get patient to a doctor immediately to receive injections of anti-tetanus serum. *It is the only safe way.*

All wounds should be cleaned up at once and an antiseptic applied. All deep wounds require medical attention.

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